MAXIMUS Federal Services

Case Number:	CM15-0093851		
Date Assigned:	05/20/2015	Date of Injury:	09/22/2006
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old female who sustained an industrial injury on 9/22/06. The injured worker was diagnosed as having chronic low back pain, lumbar discogenic pain, lumbar degenerative disc disease, bilateral chronic L5-S1 radiculitis, lumbar myofascial pain syndrome and chronic pain syndrome. Currently, the injured worker was with complaints of lower back pain with radiation to the left lower extremity and left hip with associated numbness and tingling. Previous treatments included physical therapy and medication management. Previous diagnostic studies included a magnetic resonance imaging revealing L5-S1 degeneration, focal disc protrusion producing central and moderate bilateral neuroforaminal stenosis. The injured workers pain level was noted as 9/10 without medication and a 6/10 with medication. Physical examination was notable for lumbar paraspinal muscle tenderness and decreased range of motion and pain with movement in the hip region. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine (Flexeril) 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. A progress note on 12/3/14 indicated the claimant did not benefit from Flexeril. The claimant had been on Flexeril and Baclofen for several months in combination with NSAIDs. Continued use is not medically necessary.

Tramadol (Ultram) 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had already been on Ultracet which contains Ultra. The physician chose to apply a higher dose. There was no mention of Tylenol or Tricyclic failure or titration of Tramadol. It was also recommended for use 2-3 times a day but the quantity of 200 implies over 6 per day. The Tramadol as prescribed above is not medically necessary.